PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10801	at	53	₆ ૡઽૣ
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR		THAN ENTITY
T	OTAL CLAIMS	·	M.			••	1	RATE	FEE	7	RATE	FEE
FO	OR ·		NUMBER FILED		NUME	ER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	minus 20=		•	0	İ	XŞ 9=		OR	X\$18=	·
INI	DEPENDENT C	LAIMS	7 minus 3 =		•	7	ŀ	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	45		1	200	
• If the difference in column 1 is less than zero, enter *0" in column 2							l	+145=	 	OR	+290=	7.
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	436
4/20/06 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENTA	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total	• 4.1	Minus	-2	p	-		X\$ 9=		OR	X\$18=	
冒	Independent			··· ,2	<u> </u>		Ī	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145=		OR	+290=	
								TOTAL			TOTAL	
i	110107	(Column 1)	-	(Colum	າກ 2່)	(Column 3)	A	DDIT. FEE	<u></u>	,	NDDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 11	Minus	- 2	0.	•	Γ	X\$ 9=	:	OR	X\$18=	
	Independent	• 2	Minus	***	3	-	T	X43=		OR	X86=-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	•	OR	+290=	
								TOTAL POT, FEE	•	OR ,	DOTT. FEE	
(Column 1) (Column 2) (Column 3)												•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHE NUMBI PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	•	Minus	•		•		XS 9= .		OR	X\$18=	
	Independent		Minus	-		•	上	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=				
• 14	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	
- ["If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								:	OR A	DOTT. FEE	
		ber Previously Paid					tound	in the app	ropriate box	in catu	1.	ŀ

Application or Docket Number